

Oxford City Locality Commissioning Meeting

Date of Meeting: 19.4.18 + 14.6.18				Paper No: 4c		
Title of Paper: All Paperless Referrals from October 2018						
Is this paper for	Discussion		Decision		Information	✓

Purpose of Paper:

There is a national requirement that from October 2018 all GP referrals to consultant led first outpatient appointments must be made via the NHS e-Referral System (e-RS). If a referral does not have a UBRN number then the provider will not be paid.

In line with this OUHT will be going Paperless and only accepting eRS referrals for GP to consultant led clinics.

Any referrals received after **1/10/2018** not on eRS will be returned to practices to put on the electronic system. In line with this the new GP contract makes use of eRS a requirement.

To reduce the risk for OUHT, a **transition period** will start on **1/7/2018** where GP practices will be advised to start making sure all referrals are made by eRS (soft launch) with a proposed switch off date for non eRS referrals of **1/8/2018** (hard launch).

To support the transition, GPs will receive a non-recurrent payment of £0.17 per patient – for an average practice of 8,000 patients this would be £1360.

This notification has also gone out via the GP Bulletin on 21.3.18, and a paper sent to LMC is copied below.

Note: Some providers from outside the county e.g. in Bucks, have already set **hard launch dates** –the OCCG will try and collate these as we receive them.

Action Required:

Practices to note this change, and prepare for the transition.

Dates being proposed are as follows but may change slightly:

Start Soft Launch turn-off to using e-RS	1.7.18
Hard Launch turn-off with OUHFT	1.8.18
(Referrals will be returned to ensure all practices comply and systems function)	
National turn-off date	1.10.18

Any queries to OCCG.plannedcare@nhs.net

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Paper on Paper Turnoff (PTO) from 1/10/2018 for LRC/LMC v2

There have been changes in the NHS standard contract for providers since Feb 2018 and in the new GMS contract around use of eRS for referrals for GP to consultant led clinics.(see Appendix 1).

The mandated method for this is using the national eRS and providers will only be paid for any referral if it received through eRS. They will be entitled to return referrals not made on eRS to GP practices who will have to put any referral on the eRS system - they are likely to do this as they WILL NOT BE PAID for any referral eligible not on eRS.

GPs will receive a non-recurrent payment of £0.17 per patient to support this – for an average practice of 8,000 patients this would be £1360. (Appendix 2 and 3)

The OUHT are working hard to make sure that all services eligible are on eRS (e.g. Community paediatrics) and we are well ahead with 2ww referrals (the last 4 services are due to go live on eRS soon). There are likely to be a few exceptions agreed with the OCCG on the go live date but these exceptions will be temporary – examples Obstetrics and some rapid access/urgent clinics – until more planning has gone into this. Any service for same day or next day appointments will be exempt.

In Oxfordshire we already achieve between 65-80% referrals via eRS with all practices using eRS for at least some referrals, so this will just be a tightening of what is already done. It may involve some extra admin training and GP awareness – we have already broadcast this change in the GP bulletin and will be at the locality meetings. Practices will also need to be prepared to receive and act on referrals which have not been put on eRS and have been sent back to practices by the providers.

To stabilise the system and to avoid a cliff edge on 1/10/18, it is likely we will propose a date (**soft turnoff date**) by which we would expect all appropriate referrals should be on eRS with a 4 week run in when non eRS referrals will be accepted but GP practices will be sent a letter saying ‘next time please use the following eRS route’; currently proposing **1/7/2018** for OUHT. There will then be a date before 1/10/2018, when there is complete paper turnoff (**hard turnoff date**) and **all non eRS** will be returned to GP practices to put on the eRS system; currently proposing **1/8/2018** for OUHT ie an effective early turnoff allowing the system enough time to stabilise by 1/10/2018.

Some providers from outside the county eg in Bucks, have already set **hard turnoff dates** – the OCCG will try and collate these as we receive them.

Project teams across the country are working hard towards the deadline and NHS Digital staff are supporting them. There is a [range of resources](#) available on the NHS Digital website, including an implementation pack, communication toolkit and a video case study featuring the health community in Yeovil.

David Chapman Clinical eRS lead OCCG

Appendix 1 - Changes to NHS standard contract for providers

You will be aware that the National Standard Contract 2017-19 (January 2018 edition) National Variation Agreement includes the mandate regarding e-referrals as follows:

- 6.2A With effect from 1 October 2018, subject to the provisions of NHS e-Referral Guidance:
- 6.2A.1 the Provider need not accept (and will not be paid for any first outpatient attendance resulting from) Referrals by GPs to Consultant-led acute outpatient Services made other than through the NHS e-Referral Service;
- 6.2A.2 the Provider must implement a process through which the non-acceptance of a Referral under this Service Condition 6.2A will, in every case, be communicated without delay to the Service User's GP, so that the GP can take appropriate action; and
- 6.2A.3 each Commissioner must ensure that GPs within its area are made aware of this process.

With effect from 1 February 2018, Service Condition 6.2A is deleted and replaced by the following:

and the definition of NHS e-Referral Guidance is deleted and replaced by the following: NHS e-Referral Guidance guidance in relation to best practice use of the NHS e-Referral Service, available at: eRS Best-Practice-Guidelines and on management of referrals (e-Referral Service: guidance for managing referrals), available at <https://www.england.nhs.uk/digitaltechnology/nhs-e-referral-service/>

Appendix 2 - GPC report of contract negotiations

Electronic referral service (GPC letter)

Following changes to the NHS standard contract (between the CCG and local hospitals), from October 2018 hospitals will only receive payment for standard referrals if they are made through e-RS. As such, most CCGs are already implementing a programme to move to full use of e-RS for all 1st consultant referrals. As of December 2017, 62% of referrals were made in this way and the use is now likely to be much higher. However, despite many areas of the country already routinely using e-RS, there is wide variation across local health economies; there are some areas where there has been little or no support to use this system or there are system-wide issues that have yet to be resolved. We expect CCGs to work with LMCs and practices to resolve local system issues.

While it will be a contractual requirement to use e-RS for all GP practice referrals to 1st consultant led outpatient appointments, we have secured agreement that NHS England will take a supportive not punitive approach where circumstance dictates that practices are unable to realise this. Guidance will be clear that this does not mean that individual GPs have to use the e-RS system themselves. There are a variety of models that practices could adopt, and it is for practices to determine how much of the e-RS process is done by administrative staff.

In addition, practices will not be penalised if e-RS is not fully implemented in their locality, for example, where services are not available to refer into or IT infrastructure is incapable of delivering an effective platform. These system-wide issues will be dealt with, including listening system that minimises workload for the practice. We have agreed that NHS England will work with GPC to conduct a post-implementation review to identify implementation challenges, including any workload implications, and this will inform the next round of negotiations. We know that there are many issues that need to be resolved to ensure practices have a better referral system in the future than they currently do now. IT infrastructure, inadequate bandwidth, local contingency processes, appropriate referral pathways, delays in hospitals dealing with referrals and inappropriately declining referrals are just some of the many issues we will be working to resolve. to and working with practices and LMCs in the area who will be kept involved in agreeing any revised paper switch off date.

We have secured £10m investment into the contract this year to ensure practices are financially supported to implement the system. NHS England and GPC England have also agreed guidance for practices.

A national implementation team is in place which is working with all CCGs across the country to assist with implementation and training activity and will work with individual practices to ensure any issues are resolved in order to ensure an effective and efficient

Appendix 3 - Communication from NHS digital

NHS e-Referral Service (e-RS)

The national e-RS programme continues to support local systems in near 100% delivery of e-RS by October 2018. Latest utilisation figures are 62 per cent for December 2017. This 62% figure masks large differences between local areas and between practices. Programme resources are supporting these areas with their local project delivery. Some, but not all providers are ready and all have plans in place. From now until October the e-RS team will work closely with clinical commissioning groups (CCGs) and GPs to target support for primary care and practices.

Where there are concerns from local GPs, the e-RS team will meet with them, to understand those concerns and jointly develop and deliver action plans to address any issues. In addition, the national e-RS implementation team is working on national products to raise awareness and understanding of e-RS. These include guidance which has been co-created with the GPC, as well as videos and training materials, that will outline the different ways practices can implement e-RS including what support can be given by other members of the practice team.

The target for this programme is to have all CCGs and trusts using e-RS for all their practice to first, consultant-led, outpatient appointments from October 2018, and to have switched off paper referrals.

Where paper switch off has been achieved, practices will be expected, through a contractual change, to use e-RS for these referrals from October 2018. Where a practice is struggling to use e-RS, there will be a contractual requirement to agree a plan between the practice and CCG to resolve issues in a supportive way as soon as possible.

Overall, NHS England's approach to e-RS implementation will be a supportive one with any contractual action being a last resort. Practices will not be penalised if e-RS is not fully implemented in their locality, for example, where services are not available to refer into or IT infrastructure is incapable of delivering an effective platform.

NHS England and GPC England are committed to work together to continuously improve the referral process and to deliver an ever more efficient and effective system that minimises workload for the practice. NHS England will work with GPC to conduct a post-implementation review to identify implementation challenges, including any workload savings or burdens, and this will inform the next round of contract negotiations.

We have agreed a non-recurrent investment of £10 million for 2018/19, distributed directly to practices and based on weighted patient numbers, to support the full transition to 100% e-Referrals. These payments will be made by NHS England, there is no action for CCGs or NHS England local teams in areas where CCGs do not have delegated commissioning responsibility. These central payments will be accounted for on Regional Local Teams cost centres and extra allocations provided from central underspend for 2017/18.

Electronic Referrals System	£10.0 m	Non-recurrent payment made directly to practices based on number of weighted patients at £0.170p per patient
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Project teams across the country are working hard towards the deadline and NHS Digital staff are supporting them. There's a [range of resources](#) available on the NHS Digital website, including an implementation pack, communication toolkit and a video case study featuring the health community in Yeovil.